

To be used for changes to registrations and terminations.

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Postmark Date: 03/23/05

LSU DP

1050572

I. NAME Harris Jim F.
Last First MI

2. BUSINESS PHONE 925.344.0381

3. BUSINESS ADDRESS 521 Laurel Street Baton Rouge LA 70801
Street and No. City State Zip

MAILING ADDRESS Same as above _____
Street and No. City State Zip

4. EMPLOYER Harris, DeVille & Associates Inc.

5. EMPLOYER'S ADDRESS 521 Laurel Street Baton Rouge, LA 7080
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____. No ✓ _____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name USA Airlines

Address 8550 United Plaza Blvd, 8th Floor, Baton Rouge, 70809

Business or purpose Insurance

☒ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ **Terminated Representation as of** _____

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ELECTION ADMINISTRATION
 CAMPAIGN FINANCE
 RECEIVED

SUPPLEMENTAL REGISTRATION FORM

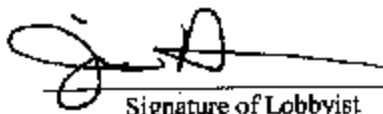


2. Name Huntman International, LLC
Address 3805 Highway 30, St. Gabriel, LA 70776
Business or purpose Industry
☒ New Representation
Does this person pay you? yes
If No, who pays you? _____
☐ Terminated Representation as of _____

3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist